

PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

type a plus sign (+) inside this box→ + Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE vork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1 53(b))

| Attor | ney Docket No. | 85CF-00112 | |
|-------|--------------------|--------------------------|--------------|
| First | Inventor | Tim K Keyes | |
| Title | VALUATION PR | EDICTION MODELS IN SITUA | TIONS WITH = |
| | MISSING INPUT | 53 | |
| Evnn | ace Mail I ahal No | EL319732907US | 91 |

| | | | | | | | | | | | | / | |
|--|---|----------------|--|---------------|--------------------------------|--|--|---------------------|--|-----------------------|---------------------------------------|-------------|--|
| | APPLICATION ELE | MENTS | | | Δ | DDE | RESS TO: | | nt Commissio | | atents | | |
| See MPEP chapter 600 concerning utility patent application contents. | | | | | | ADDRESS TO: Box Patent Application Washington, DC 20231 | | | | | | | |
| 1. Fee Transmitta | Fee Transmittal Form (e.g.,PTO/SB/17) (Submit an original, and a duplicate for fee processing) | | | | | | CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | | | | | | |
| | ms small entity status | processing) | | | | Nucl | | or Āmino | Acid Seque | nce Sul | bmission | | |
| 3. Specification | | Total Page | s 45 |] | | | | | Form (CRF | 1 | | | |
| (Preferred arrang | ement set forth below) | | Ц | | b. | _ | | | Listing on: | • | | | |
| - Desc | riptive title of the Inver | ntion | | | υ. | | | | CD-R (2 cor | deely ex | | - 1 | |
| | References to Relate ment Regarding Fed s | | | | | | ii. pap | | CD-K (2 CO) | nes), or | | İ | |
| - Refer | ence to sequence listi am listing appendix | ng, a table, | or a con | nputer | C. | | Statements | venfyir | g identity of | above c | opies | | |
| | ground of the Inventio Summary of the Inver | | | | ACCOMPANYING APPLICATION PARTS | | | | | | i | | |
| | Description of the Dra led Description | wings (if file | d) | | g. [| Assignment Papers (cover sheet & documer | | | ument(s)) | (s)) | | | |
| - Claim | | | | | 10. |] | 37 CFR 3.7 (when there | 3(b) Sta is an a | tement ssignee) 🔯 | (For ide | of Attorni entificatio or only) | ey on of | |
| 4. ☑ Drawing(s) (35 | USC 113) | Total Shee | ets g | 71 | 11. | 1 | English Tra | nslation | Document (i | | | | |
| 5. Oath or Declara | * | Total Page | | <u> </u> | 12. | _ | Information Statement (| Disclos | ure _ | | s of IDS | | |
| _ | executed (original or | | | | 13. | | Preliminary | . , | | Citation | lis | | |
| | · - | | 00(4)) | | - | _ | | | | 503) | | - 1 | |
| b. (for co | b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) | | | | | | 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | | | | | } | |
| i. 🗆 | ntor(s) | 15. | 5. Certified Copy of Priority Document(s) (If foreign priority is claimed) | | | | l | | | | | | |
| named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | | | | | Request and Cert | | | | | | 1 | |
| noo(a)(a) and noo(a). | | | | | | (b)(2)(B)(i). Applicant must attach form its equivalent. | | | | | PTO/SB/ | '35 or | |
| | | | | | 47.5 | | E | xpress | Mail Certifi | cate | | | |
| 6. Application Data | a Sheet. See 37 CFR | 1./6 | | | 17. | 2 | Other: | | | | | | |
| 18. If a CONTINUING in an Application | APPLICATION, chec | | te box, a | nd supply t | he requ | uisite | information | below a | and in a preli | ninary a | amendme | ent, or | |
| ☐ Continuation | ☐ Div | isional | | Continua | tion-in- | -part | (CIP) of | prior ap | plication No.: | . / | / | | |
| Prior application information Examiner: | | | | | | | | | Group/Art Unit. | | | 1 | |
| For CONTINUATION OR 5b, is considered a part | DIVISIONAL APPS only of the disclosure of the | : The entire | disclosur | e of the prio | r applic | ation appli | , from which cation and is submitted ar | an oath | or declaration incorporated to parts | is suppl by refere | lied under ince. The | ·Box | |
| 5b. is considered a part of the disciosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS | | | | | | | | | | | | | |
| Customer Number | or Bar Code Label | (Insert Cust | om No. or | Attach bar o | ode labe | el here | or 🛭 Co | rrespon | dence addre | ss belov | N | | |
| Name | John S. Beulick | | | | | | | | | | | \neg | |
| | Armstrong Teasdale | LLP | | | | | | | | | | \neg | |
| Address | One Metropolitan Sc | | 0 | | | | | | | | | \neg | |
| City | St. Louis State Missouri | | | | | Zip Code 63102 | | | | | | | |
| Country | US | | Telepho | ne (314) | 621-50 | 70 | | F | ax (314) 6 | 21-506 | 5 | | |
| Name (Print/type) | Robert E. Slenker | | | | | Re | egistration N | Vo. (Atto | mey/Agent) | 45,1 | 112 | 一 | |
| Signature | 81.99 | Sout. | | | | | | Date | Decemb | per 21, 2 | 2000 | \neg | |
| Burden Hour Statement T | his form is estimated to ta | ke 0.2 hours | to comple | le. Time will | arv dec | endir | na upon the ne | eeds of th | e individual ca | se Any c | comments of | on the | |

amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

Express Mail mailing label number: EL319732907US

Date of Mailing: December 21, 2000

I certify that the attached utility patent application claiming the benefit of Provisional Application Serial No. 60/173,875, filed December 30, 1999 of TIM K. KEYES for VALUATION PREDICTION MODELS IN SITUATIONS WITH MISSING INPUTS including:

- Thirty-seven (37) pages of specification; seven (7) pages of claims; one (1) page of abstract
- Nine (9) sheets of drawings
- Patent Application Transmittal (1 page)
- Fee Transmittal (in duplicate) (1 page)
- Declaration and Power of Attorney (2 pgs.) (for identification of inventors only)
- Certificate of Mailing Via Express Mail (1 page)
- Return post card

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to the Assistant Commissioner for Patents, Box PATENT APPLICATION, Washington, D.C. 20231.

Røbert E. Slenker, Reg. No. 45,112

Armstrong Teasdale LLP

One Metropolitan Square, Suite 2600

St. Louis, MO 63102

314/621-5070

Signature

21 DEC 2000

Date

Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office, US DEPARTMENT OF COMMERCE

| Under the paperwork Reduction Act of 1995, no pe | rsons are required to | respond to a collection of informati | on unless it displays a valid OMB control number | | | | | |
|--|-----------------------|--------------------------------------|--|--|--|--|--|--|
| | | Complete If Known | | | | | | |
| FEE TRANSMIT | TAL | Application Number | | | | | | |
| for FY 2001 | | Filing Date | | | | | | |
| | | First Named Inventor | Tim K Keyes | | | | | |
| Patent fees are subject to annual re | vision | Group Art Unit | | | | | | |
| | | Examiner Name | | | | | | |
| TOTAL AMOUNT OF PAYMENT | (\$)890 00 | Attorney Docket Number | 85CF-00111 | | | | | |

| METHOD OF PAYMENT (CHECK ORE) | | | | | | FEE CALCULATION (continued) | | | | | | | |
|--|---------------|----------------|--------------------------|----------------------------|-------|-----------------------------|---|-------------|-------------|--------------------------|--|-----------------------------|----------|
| The Commissioner is hereby authorized to charge indicated fees and credit any over navineets to. | | | | | | 3 | ADDI | TIONAL | FEES | | | | |
| Credit any over payments to | | | | | | | Large | Entity | | Entity | | | |
| Deposit Account Number 01-2384 | | | | | | | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Des | cration | Fee Paid |
| | | | | | | | 105 | (a) 130 | 205 | | Surcharge - late filing | | ree raiu |
| | | | | | | | 127 | 50 | 205 | | Surcharge-late provi | | |
| Deposit Account | | | | | | | 12/ | 00 | 221 | | fee or cover sheet | sional milig | |
| Name | | | | | _ | | 139 | 130 | 139 | 130 | Non-English specific | ation | |
| | | y Additional F | | | | | 147 | 2520 | 147 | | For filing a request for reexamination | | |
| ☐ Ap | plicant o | daims small e | ntity status | | | | 112 | 920* | 112 | 920* | Requesting publicati to Examiner action | on of SIR prior | |
| | | R 1 16 and 1 | 17 | | | | 113 | 1840* | 113 | | Requesting publicati Examiner action | on of SIR after | |
| 2. Paym | ent En | closed | | | | | 115 | 110 | 215 | 55 | Extension for reply v | vithin first month | |
| ☐ Check | | ☐ Credit Ca | rd 🗆 M | oney Order | □ Oth | ner | 116 | 390 | 216 | | Extension for reply v Month | vithin second | |
| | | FEE C | ALCULAT | ION | | | 117 | 890 | 217 | 445 | Extension for reply v | vithin third month | |
| 1. BASIC FILI | NG FE | <u> </u> | | | | | 118 | 1390 | 218 | | Extension for reply we month | | |
| Large Entity | Sma | II Entity | | | | | 128 | 1890 | 228 | 945 | Extension for reply v | uthin fifth month | |
| Fee Fee | Fee | Fee | | | | | 119 | 310 | 219 | | Notice of Appeal | | |
| Code (\$) | Code | | Fee D | Description | Fee P | aid | 120 | 310 | 220 | 155 | Filing a brief in supp | ort of an appeal | |
| | | | | | | | 121 | 270 | 221 | | Request for oral hea | | |
| 101 710 106 320 | 201 206 | 355 160 | Utility Fili Design F | | | 10 00 | 138 | 1510 | 138 | | Petition to institute a proceeding | public use | |
| 107 490 | 207 | 245 | Plant Fili | | | | 140 | 110 | 240 | | Petition to revive - u | navoidable | |
| 108 710 | 208 | 355 | | filing Fee | | | 141 | 1240 | 241 | 620 | Petition to revive - u | nintentional | |
| 114 150 | 214 | 75 | Provision | al Filing Fee | | | 142 | 1240 | 242 | 620 | Utility issue fee (or n | eissue) | |
| | | | | untotu au l | | 10 00 | 143 | 440 | 243 | 220 | Design issue fee | | |
| | | | s | UBTOTAL (1) | | 10 00 | 144 | 600 | 244 | 300 | Plant issue fee | | |
| 2. EXTRA CL | AIM C | EER | | | _ | | 122 | 130 | 122 | 130 | Petitions to the Com | missioner | |
| Z. EXTRA GI | AIM F | EES | Extra | Fee From | | | 123 | 50 | 123 | | Petitions related to p | rovisional | |
| Claims Below Fee Paid | | | | | | | 126 | 180 | 126 | | applications Submission of Inform Stmt | nation Disclosure | |
| Total Claims 30 -20** 10 x 18 = 180 00 lndependent Claims 3 -3* 0 x 80 = 0 | | | | | | 00 | 581 | 40 | 581 | 40 | Recording each pate per property (times r | ent assignment number of | |
| Large Entity | Small | Entity | ^ | | | | 146 | 710 | 246 | 355 | properties) Filing a submission : | | |
| | | Fee | | | | | | | | | rejection (37-CFR 1. | | |
| | | (\$) | | ee Description | | | 149 | 710 | 249 | 355 | For each additional in examined (37 CFR 1 | nvention to be ! 129(b)) | |
| | 203 202 | | s in excess o | of 20 is in excess of 3 | | | 179 | 710 | 279 | 355 | Request for Continu (RCE) | | |
| 104 270 | 204 | 135 Multip | le dependen | t clam, if not pa | ııd | | 169 | 900 | 169 | 900 | Request for expedite | | |
| 109 80 209 40 **Relssue independent claims over original patent | | | | | | | of a design application Other fee (specify) | | | | | | - |
| 110 18 210 9 **Reissue claims in excess of 20 and over original patent | | | | | | | | ee (spe | eciry) | | | | |
| SUBTOTAL (2) 180 00 | | | | | | | | | | _ | | | |
| **or number previously paid, if greater, For Reissues, see above | | | | | | | *Kedu | bea by i | Basic Fili | ng Fee | Paid SUBTOTAL | (3) | |
| SUBMITTED BY | | | | | | | | | | | Con | nplete (if applica | ble) |
| Name (Print/Type) Robert E. Slenker Registra (Attorne | | | | | | 4 | 5,112 | | Telephone | Telephone (314) 621-5070 | | | |
| | \rightarrow | | | | | | | | | | | | |

WARNING: Information on this form may become public. Credit card information should not be included on this form, Provide credit card information and authorization on PTO-2038.

Burden Hour Statement This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Platent and Trademark Office, Washington, DC 2023.1. DN OTS SEND FEES OR COMPLETE DFORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 2023.1.